

3-16-05

1614  
RFW

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Dated: \_\_\_\_\_

Docket No.: 04266/1006895-US2  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Giancarlo Santus et al.

Application No.: 09/903,665

Confirmation No.: 3102

Filed: July 13, 2001

Art Unit: 1614

For: THERAPEUTIC COMPOSITIONS FOR  
INTRANASAL ADMINISTRATION WHICH  
INCLUDE KETOROLAC

Examiner: Clinton T. Ostrup

**STATUS INQUIRY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

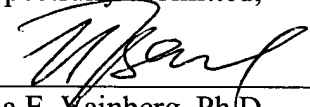
Dear Sir:

It is respectfully requested that the attorney named below be advised of the status of the above-identified application.

Dated: March 15, 2005

Respectfully submitted,

By

  
Irina E. Wainberg, Ph.D.

Registration No.: 48,008

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Attorneys/Agents For Applicant



Application No. (if known): 09/903,665

Attorney Docket No.: 04266/1006895-US2

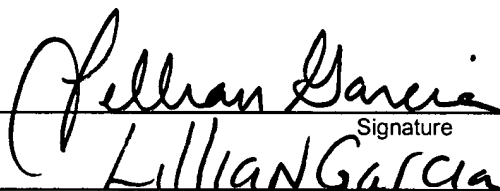
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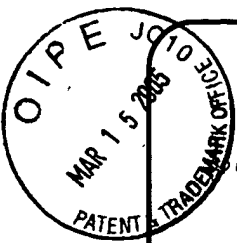
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PTO/SB/21 (04-04)

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# TRANSMITTAL FORM

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Application Number	10/080,111
Filing Date	02/21/2002
First Named Inventor	Roland Rupp et al.
Art Unit	2111
Examiner Name	Dang, Khanh
Attorney Docket Number	4965-000121
Total Number of Pages in This Submission	

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Fee Address Indication Form; and Postcard.</b>
<b>Remarks</b> The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Christopher M. Brock	Reg. No.	27313
Signature					
Date	March 15, 2005				

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Signature		Date	March 15, 2005

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